PLEASE TYPE OR PRINT

1	7	
		-

Ms.	101410	20	AUN	
☐ Mr. Artist _6	INNA	5K	(Last N	ame Last)
Permanent Address 2995	MONT	SOMERY	RD	SHAKER H
Street			C	City
44122	Tel. (921-	142	4
Zip	Area Code			
Temporary Address				
Street		1990	C	City
	Tel. (
Zip	Area Code			
Permanent address is	in what co	unty?		
Born in Cuyahoga Co	ounty 🗆	Yes 🗆 No		
Collaborator				
(If A	Any)			
If entries are not acce	epted or no	t sold:		
Artist will pick u	p entries at	Museum.		
☐ Museum should o	dispose of e	ntries.		
☐ Museum should s	ship entries	to artist C.O.	D. at this	address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature _____

				•	
			nics 3. Photic 6. Craf		
Medium or Mater	rials				
ACI	RYLICS	5			
Title					
BRUSE	+STROKE	E SERI	ES THR	EE	
Price or NFS	Insurance Va	lue	Size	10	
400,-		7	58" X	' L 6 "	
,	GRAPHICS	AND PHOTOGR	APHY ONLY		
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale	
0				3	
DO NOT WRITE IN THIS SECTION ACCEDED REJECTED					
201011111111111111111111111111111111111					
427 (1)			FEE PAID	BY	
3/43/73					
101			3/43/7	1 23-	
			nics □3. Pho		
	4. Sculptu				
ENTRY TWO	4. Sculptu				
ENTRY TWO	4. Sculpturials	re 🗌 5. Electr			
Medium or Mate	4. Sculptu	re 🗌 5. Electr			
ENTRY TWO Medium or Mate	4. Sculpturials	re 5. Electr	ric 🗆 6. Crat	fts	
ENTRY TWO Medium or Mate	4. Sculpturials	CS SERIES		fts	
ENTRY TWO Medium or Mate Title BRUSH	4. Sculpturials ACRYL STROKE	CS SERIES	FOUR Size	fts	
ENTRY TWO Medium or Mate Title BRUSH Price or NFS	ACRYL STROKE Insurance Valif NFS Only	CS SERIES	FOUR Size 5' X	fts	
ENTRY TWO Medium or Mate Title BRUSH Price or NFS	ACRYL STROKE Insurance Valif NFS Only	SERIES	FOUR Size 5' X	fts	
ENTRY TWO Medium or Mate Title BRUSH Price or NFS 400, -	ACRYL STROKE Insurance Valif NFS Only GRAPHICS Total No. in Edition	SERIES AND PHOTOGR Price Unframed	FOUR Size SAPHY ONLY Price of Frames	Additional No. of Frames For Sale	
ENTRY TWO Medium or Mate Title BRUSH Price or NFS 400, -	ACRYL STROKE Insurance Valif NFS Only GRAPHICS Total No.	SERIES AND PHOTOGR Price Unframed	FOUR Size SAPHY ONLY Price	Additional No. of Frames	

1973 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	GINNA BRAND
Address	2995 MONTGOMERY RD
	SHAKER HTS OHIO Zip 44/22

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

CATEGORY ☐ 1. Paintings ☐ 2. Graphic ENTRY ONE ☐ 4. Sculpture ☐ 5. Electric				
Medium or Materials				
ACRYLICS	10, 5 ,			
Title				
BRUSHSTROKE SERIES	STHREE			
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED		
427 (1)	V			
1973 MAY S	54/01			
Notification of Acceptance or Reject	ion	DO NOT D		
Type or print name of artist		DET/		
This is your only receipt to claim your object(s).				
This notification will be mailed to you following judging.				
Genny Bres	n D			
CATEGORY 1. Paintings 2. Graph ENTRY TWO 4. Sculpture 5. Electr				
Medium or Materials				
ACRYLICS				
Title				
		13		
BRUSHSTROKE SERIE	S FOUR	2		
BRUSHSTROKE SERIE DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED		